

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 04/01/2009 to 03/31/2010
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

PCL Labor Consulting

2. LCP I.D. Number (assigned by DIR):

2006.00547

3. Date of Initial Approval:

04/25/2007

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Phillina Lyles, President and Labor Compliance Officer

5306 Hillsdale Blvd

Sacramento, CA 95842

Phone and Fax#: (916) 332-9370

E-mail: pclconsulting@hotmail.com

5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If *none*, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.

None.

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary):

None.

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SUBMITTED BY:

Phillina Lyles
Signature

Phillina Lyles, President and Labor Compliance Officer
Name and Title

3/8/10
Date

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6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: _____

A. List projects handled by LCP within the past 12 months.

| Project Name | Bid Advertisement Date | Prime Contractor | Contract Amount |
|--------------|------------------------|------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

B. Summary of all wages and penalties assessed and/or recovered.

| Project Name | Affected Contractor (who directly employed the worker) | Amount Assessed | Amount Recovered | Approval of Forfeiture Requested from Labor Commissioner? | Description of Violation |
|--------------|---|-----------------|------------------|---|--------------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total | | | | | |

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C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

| Project Name | Amount Assessed | Amount Recovered | Explanation |
|--------------|-----------------|------------------|-------------|
| | | | |
| | | | |
| | | | |
| Total | | | |

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

| Project Name | Amount Assessed | | | | | Amount Recovered | | | | |
|--------------|-----------------|-----------|-----------|-------|-------|------------------|-----------|-----------|-------|-------|
| | LC §1776(g) | LC § 1775 | LC § 1813 | Wages | Total | LC § 1776(g) | LC § 1775 | LC § 1813 | Wages | Total |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

E. Identify cases that are or were the subject of LC § 1742 proceedings.

| Project Name | Contractor | Nature of Violation | ODL Case # | Current Status |
|--------------|------------|---------------------|------------|----------------|
| | | | | |
| | | | | |
| | | | | |

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: ☐ Yes ☐ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: ☐ Yes ☐ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

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7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed. N/A. No contracts.

8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

Sacramento; County and City of Sacramento.

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

N/A. No contracts.

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)

Paul Goyette of Goyette and Associates, Inc. (Represents PCL Labor Consulting)

11344 Coloma Road, Suite 145, Gold River, CA 95670. (916) 851-1900.